

2004 FOR PROFIT-CORPORATION REINSTATEMENT

FILED

04 DEC 15 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09



11302004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000044311

1. Entity Name
KRUPA KRISHA, INC.



Principal Place of Business
**4531 USEPPA DRIVE
BRADENTON, FL 34203**

Mailing Address
**4531 USEPPA DRIVE
BRADENTON, FL 34203**

2. Principal Place of Business
6520-209 ST. E.

3. Mailing Address
6520-209 ST. E.

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34211

Country
MANATEE

Zip
34211

Country
MANATEE

4. FEI Number
300173499

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BHALODIA, ASHOK L
4531-USEPPA DRIVE
BRADENTON, FL 34203**

7. Name and Address of New Registered Agent
Name
ASHOK L. BHALODIA
Street Address (P.O. Box Number is Not Acceptable)
6520-209 ST. E.
City
BRADENTON, FL Zip Code
34211

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bhalodia* **12-2-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BHALODIA, ASHOK L 4531 USEPPA DRIVE BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SANJIV BHALODIA 12206 HOLLY BUSH TERR BRADENTON, FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BHALODIA, HINA A 4531 USEPPA DRIVE BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIRANKUMAR, L. BHALODIA 5509 47th CT. E. BRADENTON, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ASHOK L. BHALODIA 6520-209 ST. E. BRADENTON, FL 34211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bhalodia* **12-2-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #